## UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA

## APPLICATION FOR REFUND (USDC-CAND PAY.GOV)

## PAY.GOV TRANSACTION DETAILS

## **IMPORTANT**:

- Complete all required fields (shown in red\*); otherwise, your request may be denied and require resubmission.
- The information for the required receipt fields can be found in the Pay.gov screen receipt or confirmation email.

<ul> <li>The information for the required r</li> </ul>	eceipi jieias car	i be jouna in ine Pay.§	zov screen receip	i or conjirmation email.
. Your Name*:			9. Fee Type:*	
2. Your Email Address*:				Attorney Admission
3. Receipt Agency Tracking ID for Refund*:				Civil Case Filing
4. Transaction Date for Refund*:				<b>Audio Recording</b>
5. Transaction Amount to be Refunded*:				<b>Notice of Appeal</b>
6. Receipt Agency Tracking ID for Correct Receipt Number on Docket*:				Pro Hac Vice
				Writ of Habeas Corpus
7. Your Phone Number:				Other:
8. Full Case Number (if applicabl	le):			
10. Reason for Refund Request*: Explain in detail what happened to cause duplicate charges, no fee required, etc.  □ Duplicate Charge □ No Fee Required for Filing □ Other				
View detailed instructions at: <a href="mailto:cand.uscour">cand.uscour</a> Assistance: Contact the ECF Help Desk a	rts.gov/ecf/payme	nts.		
	FOR U.S. DIS	TRICT COURT USE	E ONLY	
Refund request:	☐ Denied	☐ Denied — Resub	mit amended applic	cation (see reason for denial)
Approval/denial date:				
Pay.gov refund tracking ID refunded:				
Date refund processed:				
Request approved/denied by:				
Agency refund tracking ID number:				
Refund processed by:				
Reason for denial (if applicable):				
Referred for OSC date (if applicable):				